SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS    Use seperate schedule(s) for each category of the Detailed Summary Page	0	CHEDIII E B /EEC Form 2	<b>N</b>		
Transaction ID: D18 Date of Disbursement  Amount of Each Disbursement this Period  Candidate Name Tammy Duckworth  Office Sought:  X House President State: IL District: 06  Full Name (Last, First, Middle Initial)  State: IL District: 06  Full Name (Last, First, Middle Initial)  State: IL District: 06  Full Name (Last, First, Middle Initial)  State: IL District: 06  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement  Office Sought: State: IL District: 06  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement  Other (specify) ▼  Amount of Each Disbursement  Amount of Each Disbursement  Transaction ID: D19 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Transaction ID: D19 Date of Disbursement  Mailing Address P.O. Box 868  City Levittown PA 19058  Purpose of Disbursement  Other Specific State Zip Code Date of Disbursement this Period  Amount of Each Disbursement this Period		•	/ Use seperate schedule(s		
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  Mill to the Hill  Full Name (Last, First, Middle Initial)  A. Friends of Tammy Duckworth  Mailing Address 416 W. 22nd St.  City  Lombard  Purpose of Disbursement  Candidate Name  Tammy Duckworth  Office Sought:  X House  President  State: IL District: 06  Full Name (Last, First, Middle Initial)  B. Patrick Murphy for Congress  Mailing Address P.O. Box 868  City  Levittown  Purpose of Disbursement  Other (specify)  State  Zip Code  Roll Purpose of Disbursement  Other (specify)  Amount of Each Disbursement  Transaction ID: D19  Date of Disbursement  Mailing Address P.O. Box 868  City  Levittown  Patropose of Disbursement  Other (specify)  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement this Period	IT	EMIZED DISBURSEMENT			
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SUBTOTAL of Disbursements This Page (optional)	•	2000.00
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